## **MENSTRUAL CYCLE RECORD**

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															
JUL																															
AUG																															
SEP																															
ОСТ																															
NOV																															
DEC																															

S: Spotting B: Bleeding

## WARNING SIGNS AND CAUTIONS (SHAPEDM) - Contraceptive Implant

You have chosen a contraceptive implant for your birth control. The following are warning signs of problems. Remember the word "SHAPEDM".

**S** – Severe lower abdominal (stomach) pain (tubal pregnancy is rare but can occur)

H - Heavy vaginal bleeding

A – Arm pain

**P** – Pus or bleeding at the insertion site (these may be signs of infection)

**E** – Expulsion (comes out) of an implant

**D** – Delayed menstrual periods after a long interval of regular periods

M Migraine headaches, repeated very painful headaches, or blurred vision

If you experience any of these warning signs, call or see a health care provider as soon as possible.

Keep a record of your monthly periods on the other side.

Mark "S" for spotting or "B" for bleeding on each day you do one or the other. Bring your menstrual cycle record with you when you come to clinic or see your health care provider.

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